GOVERNOR'S SCHOLARS PROGRAM
2026 TRANSMITTAL FORM

Please complete both the front and reverse of this form

School District/Private School: _____

Address: _____

Phone Number: _____ Date: _____

Total number of Juniors at the end of the second full month of school: _____

How many applications were submitted and evaluated at **your district/school level**: _____

List Statewide Selection Candidates Below Alphabetically, By Student's Last Name

Names listed on this form should be only of those candidates being submitted for the statewide selection process

Name(s)	School(s)

***If you prefer you may attach a typed list of candidates (in alphabetical order by last name) to this sheet**

Total Submitted Females to GSP: _____ Total Submitted Males to GSP: _____

☐ No candidates for the 2026 Governor's Scholars Program Statewide Selection process.

-OR-

☐ I certify the above to be the official candidates from our district/high school for the 2026 Governor's Scholars Program Statewide Selection process and have enclosed their completed applications.

Superintendent/Headmaster Signature: _____ Date: _____

Printed Name: _____

Name and Email Address for Receipt Confirmation: _____

_____

DISTRICT SELECTION COMMITTEE

Name	Title	Place of Employment

***If you prefer you may attach a typed list of your committee to this sheet**

District/School Administrators' Contact Information

Please include contact information for all district/school administrators involved with the application & selection process should the Governor's Scholars Program need to get in touch (i.e. Principal(s), Counselor(s), District Coordinator).

Name	Title	E-Mail/Phone